Emergency Overcrowding & Long Waits for Hospital Services
10-Point Plan for Improvement

Short-term (this year's budget - approx. $1 million)

1. **Strengthen Quick Response Program:** A number of Emergency patients do not require admission to hospital but assurances there will be home support before they leave the hospital. If this is not in place, these patients are unnecessarily admitted to a hospital bed or wait in Emergency while other arrangements are made. Extending the number of hours per day, and the number of days, home support is available through the Quick Response Program will increase the turnaround time in Emergency and the availability of hospital beds. Operating costs to be determined in consultation with the province's Continuing Care department.

2. **Timely consults:** A Capital Health policy has been developed which will ensure specialists provide a consult to patients in Emergency within 1-½ hours of the request. Less time awaiting consultation means patients are provided with the next level of care sooner and beds in Emergency become available faster.

3. **Liaison Nurse**: The hours that a nurse is available to liaise between patients in the Emergency waiting room and Emergency Department staff will be increased. By enabling more communication between those waiting for care and those delivering care, both patients and physicians have access to timely and relevant information.

4. **Infection Control:** More housekeeping will be added so that areas where patients with infections such as MRSA are treated can be cleaned quickly to reduce turnaround time for beds. As well, more educational support will be provided to staff in ways to reduce the risk of infection related to flu, MRSA, etc.

5. **Discharge Lounge:** Patients at the DGH who have been discharged from an inpatient unit and are awaiting family/friends to take them home will wait in a lounge rather than a hospital bed. A similar lounge opened at the QEII and when operating at full capacity is expected to make 6-8 beds available earlier in the day.

6. **Equipment purchase:** Within the 2003-04 business plan, there is a budget to replace minor equipment that is outdated and/or broken -- i.e. blood pressure cuffs and oxygen saturation monitors. This equipment is on order. In 2004-05, the cardiac monitor system will be replaced.

7. **Expansion of the QEII Emergency:** A Request for Proposals (RFP) will be issued by the end of February to select an architect to design plans for an expansion of QEII Emergency Department. When the Robie Street parking garage was built in 2002-03, a shelled-in space was constructed to allow for future expansion of Emergency. The 2003-04 business plan identified the architectural design as a priority. Time between design of expansion and opening is approximately 16-18 months.

Medium-term (next 3 to 6 months)

8. **Open long-term care beds in HRM:** More and more HRM citizens awaiting transfer to a long-term care (LTC) facility are occupying hospital beds. These beds are needed for patients in Emergency awaiting admission to a hospital bed. Additional LTC beds will be opened at sites throughout the Capital Health District in the next 3 to 6 months.

9. **Information Systems**: An Emergency Department Information System is currently being implemented at Dartmouth General Hospital and will be expanded to cover the QEII, Hants Community Hospital and the new Cobequid Community Health Centre. Real-time wait time information will improve performance over the short-term.

Long-term (next 12-15 months)

10. **More capacity:** In conjunction with Department of Health's province-wide clinical services planning, the number and type of hospital beds that are required to open in 2004-5 to respond to wait lists for orthopaedic and general surgery will be identified and planned.